UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2010 - May 5, 2011	FORM For use by candidates a	_	2011 MAY 18 PM 3: 08
Name: Billy Date Maske Da	aytime Telephone: ゟ゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚゚	-202-3322	MAY 0 6 2011 (Office Use Only)
Filer Status Candidate for the House of Representatives District: 4 New officer or employee Employing Office:	Date of Election: Nov. 2010	Check if Amendment	A \$200 penalty shall be assessed against anybody who files more than 30 days late.
In all sections, please type or print clearly in black ink. PRELIMINARY INFORMATION — ANSWER EACH OF I. Did you or your spouse have "earned" income (e.g., salaries or	THESE QUESTIONS IV. Did you hold any repo	principle positions on or h	ofore the date
fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I. II. Did you, your spouse, or a dependent child receive "unearned"	o of filing in the current call if yes, complete and att	endar year or in the prior ach Schedule IV.	r two years? Yes No X
income of more than \$200 in the reporting period or hold any	V. Did you have any repo with an outside entity? If yes, complete and att	-	Yes X No
III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule III. Yes	o VI. Did you receive comp a single source in the two if yes, complete and att	o prior years?	Yes No X
Each question in this part must be answered and	d the appropriate schedu	ule attached for e	each "Yes" response.
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST IN	NFORMATION — ANS	WER EACH O	F THESE QUESTIONS
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee need not be disclosed. Have you excluded from this report details of such a trust page 8.)	on Standards of Official Conduct t benefiting you, your spouse, or	et and certain other "e a dependent child? (xcepted trusts" See Instructions, Yes No X
EXEMPTION —Have you excluded from this report any other assets, "unearned because they meet all three tests for exemption? Do not answer "yes" unless you Conduct.	" income, transactions, or liabilit u have first consulted with the Co	ies of a spouse or depormittee on Standard	pendent child ls of Official Yes No X

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SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Billy Dale Maske

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List the source, type and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

	Source (include date of receipt for honoraria)	Type	Amount						
		Туре	Current Year to Filing	Preceding Year					
	XYZ Corporation, Houston, Texas	Salary	\$6,300	\$28,450					
Examples:	First Bank & Trust, Houston, Texas	Director's Fee	\$400	\$3,200					
•	XYZ Trade Association, Chicago, IL. (Rec'd December 2)	Director's Fee \$400 Honorarium 0 Spouse Salary NA	\$1,000						
	Harris County, Texas Public Schools	Spouse Salary		NA					
Iow	a Public Employees Retirement System, Desyon	es, IA Retirement	14, 630.8 <u>8</u>	44,064					
Sout	hwestern Community College, Creston, IA	Spouse Salary		N/A					
Inte	erstate 35 Community School, Truro, IA	Salary	0	11, 271. 80					
									
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TPERS	Roth IRA/Security Benefit	BH IRA/Security Benefit	Union State Book	211 Luick Ln.S., Belmond, IA	164 Lakeshore Tr., Nashua, IA	1st Bank of Paducah, KY accounts	Examples: Simon & Schuster	SP Mega Corp. Stock	account that exceeds the reporting threshold. For retirement plans that are not self-directed, name the institution holding the account and its value at the end of the reporting period. For an active business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. For additional information, see the instruction booklet. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by you or your spouse's child, parent, or sibling; any deposits totalling \$5,000 or less in personal savings accounts; and any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other asset or sources of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide a complete address. Provide full names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) that are self directed (i.e., plans in which you have the specific investments), provide the value the specific investments), provide the value
									None >	### BB & 9.5
					12/1/2	1	<u> </u>		\$1 - \$1,000 0	Value of Asset Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."
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		<u> </u>	×				Indefinite	J	\$15,001 - \$50,000	Value of Asset at ting year. If you un method other the value, please speused. set was sold during year and is incled year and is incled ause it generated the value should the value should the value should the value should the value of asset was sold the value should the value of asset was sold the value should the value should the value of asset was sold the value should the value of asset as the value of as the va
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	~	*							DIVIDENDS	Type of Inc Check all columns the retirement plans or a do not allow you to come in cinvestments, you may be checking the apple below. Dividends a even if reinvested. listed as income. Cill asset did not generat during calendar year.
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	×				>	×	×	×	\$1 – \$200 =	Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, <i>including all IRAs</i> , indicate the category of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if no income was earned or generated.
	×					×	×	×	\$1 - \$200 = \$201 - \$1,000 \(\frac{1}{2}\) \$1,001 - \$2,500 \(\frac{1}{2}\) \$2,501 - \$5,000 \(\frac{1}{2}\) \$5,001 - \$15,000 \(\frac{1}{2}\)	r accounts that do not ecific investments, you ncome. For all other 7.4s, indicate the cate-acking the appropriate and interest, even if e listed as income.
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SCHEDULE II—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Billy Dale Maske | Page 4 of 6

	BLOCK A Asset and/or Income Source		٧	BL 'alue	ock of /		et			BLOCK C Type of Income					BLOCK D. Amount of Income																			
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JT,							8 8	000						101			I	11	II IN	/ V	VI	VII	VIII I	x >	(XI	Ī	11	III	iv v	/ V	VII	VIII I	х×	XI
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		None \$1 - \$1,000	\$15.001 - \$15,000	\$50,001 - \$100,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	\$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	NONE	DIVIDENDS	RENT	IN LEHE	CAPITAL GAINS EXCEPTED DI IND TRI ICT	Other Type of Income (Specify)		None	\$1 - \$200	\$1.001 - \$2.500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$1,000,000 - \$1,000,000	Over \$5,000,000	None	\$1 \$200	\$201 - \$1	\$1,001 - \$2,500	\$5,001 ~	\$15,001	\$50,001 - \$100,000	\$1,000,001 - \$5,000,000	Over \$5,000,000
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SCHEDULE III - LIABILITIES

Report liabilities of over \$10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the reporting period. **Exclude:** Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report *revolving charge accounts* (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000.

			Amount of Liability													
SP,			В	С	D	E	F	G	Н	ı	J	K				
DC, JT	Creditor	Type of Liability	\$10,001— \$15,000	\$15,001— \$50,000	\$50,001-	\$250,000	\$250,001— \$500,000	\$500,0001—	\$1,000,001	\$5,000,001— \$25,000,000	\$25,000,001- \$50,000,000 Over	\$50,000,000				
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main Street, Dover, Del.				X										
7	U.S. Bank, Mt. Ayr, IA	Home Equity Loan 164 Lakshore Dr., Nashua, IA		X												
37	Chase, Columbus, OH	mortgage 211 Lurck Ln. S, Belmond, IA				X	S									
37	Fifth Third Bank, Amelia, OH	Auto Loan 2010 Dodge Ram		Х												
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SCHEDULE IV — POSITIONS

Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization); and positions solely of an honorary nature.

Position	Name of Organization

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SCHEDULE V — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
8/77	IPERS and Bill Maske	Continued participation in a defined benefit retirement package

SCHEDULE VI — COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the *two* prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. Government and any information considered confidential as a result of a privileged relationship recognized by law. **Do not repeat information listed on Schedule I.**

	Source (Name and Address)	Brief Description of Duties	
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting services	
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